

Standards for Creating Form 108B

Childcare programs that wish to generate an Immunization Data Report from a computer program instead of filling in the ADHS-provided form 108B must follow the guidelines listed below

1. Landscape format for 8.5" by 11" paper, Font size 12 or higher preferred, minimum size 10
2. Top of form must include:
 - Age group of children on each page, 1) born on or after April 1, 2012, OR 2) born between October 1, 2008 and March 31, 2012
 - Full name and mailing address of facility, including city, zip code and COUNTY
 - ID number of facility (usually starts with CDC or SGH)
 - Name and e-mail address of director or contact person
 - Phone and fax numbers of facility
 - Date of Report
3. Lower portion of form must include a maximum of 15 rows listing children, and a labeled column for each category in the order shown below.

- Child's name
- Child's date of birth
- Number of DTaP doses on record
- Number of Polio doses on record
- Number of MMR doses on record
- Number of Hib doses on record
- Number of Hep A doses on record
- Number of Hep B doses on record
- Number of Varicella doses on record
- Religious exemptions
- Temporary medical exemptions
- Permanent medical exemptions
- Lab evidence of immunity exemption

Immunization Data Report Form 108B on Children 0-5 Years of Age, Due November 15, 2013

<u>Full Name of Child Care or Preschool Facility:</u>		<u>Facility ID #:</u>		<u>Director/Contact Person:</u>								
<u>Mailing Address, City, Zip:</u>		<u>Phone:</u>		<u>E-Mail Address:</u>				<u>Date of Report:</u>				
<u>County:</u>		<u>Fax:</u>										
On each page, please group children by one of the two birthdate ranges. Please place an "X" in one of the two boxes below.												
<input type="checkbox"/> October 1, 2008 – March 31, 2012 <input type="checkbox"/> On or after April 1, 2012												
		DTaP	Polio	MMR	Hib	Hep A	Hep B	Varicella	Exemptions			
Child's Name	Date of Birth	How many doses on record?	How many doses on record?	How many doses on record?	How many doses on record?	How many doses on record?	How many doses on record?	How many doses on record?	Religious	Temporary Medical	Permanent Medical	Lab Evidence of Immunity
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												

ADHS Form 108/108B

Please photocopy this form as needed. Keep copies of completed forms for your records.